

TSD RCRA Inspection Report

EPA Identification Number: IND 981091515

Installation Name: Amland Corp

Location Address: 13240 McKinley Hwy

City: Mishawaka

ZIP

Date of Inspection: 9-22-87

Time of Inspection 1:00PM

Person(s) interviewed \*

Title

Telephone

Doug Genthe

Facilities Engineer

Inspector(s)

Agency

Telephone

Jeff Blankenberger

IDEM/OSHW

317/232-4536

\* Please identify correspondence contact

Installation Processes by Process Code (EPA Form 3510-3)

S01 ☐ Container storage

S02 ☐ Tank storage

S03 ☐ Waste Pile storage

S04 ☐ Surface impoundment storage

D79 ☐ Injection well disposal

D80 ☐ Landfill disposal

D81 ☐ Land Application disposal

D83 ☒ Surface Impoundment disposal

T01 ☐ Tank Treatment

T02 ☐ Surface Impoundment treatment

T03 ☐ Incinerator treatment

T04 ☐ Other

If Part A process codes are listed above as T04 please describe the process involved below.

Other activities

Generator

Appendix GN

Transporter

Appendix TR

1. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
2. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.



5. List all wastes not listed in number 4 such as spent materials, sludges, byproducts, scrap batteries and scrap metals. Check the appropriate category for each material found.

[illegible]

Wastes continued-

-----	_____	_____
-----	_____	_____
-----	_____	_____
-----	_____	_____
-----	_____	_____

Comments:

6. If the company claims a reuse or reclaim exemption please include the following information:

	Waste Type	Generation Rate	How reclaimed & by Who	Quantity stored on Site
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____

7. If any of the wastes are reclaimed in the manners listed below please check those areas and utilize the provided appendices.

	<u>YES</u>	<u>NO</u>
A) Waste Oil Fuel- Appendix A	_____	_____
B) Lead Acid Batteries - Appendix B	_____	_____
C) Hazardous Waste Fuel - Appendix C	_____	_____
D) Precious Metals - Appendix D	_____	_____
E) Use Constituting Disposal - Appendix E	_____	_____



8. Hazardous Waste  
On-Site

Amount

How Stored

Comments

Wastewater  
treatment residue 70,000 cu yd - D83

9. Has the capacity of the storage areas listed on the Part A exceeded that allowed? List the type and amount of actual storage capacity overages.

320 IAC 4.1-38-2

10. Indicate any TSD activities which have been omitted from or are not clear on the facility map (for the purpose of determining if expansion has occurred)

11. Is the Annual Report Accurate? \_\_\_\_\_

12. List Transporters Used by the Company

13. Note any non-RCRA Violations (Open Dumping, Dumping in City Sewer Without Pretreatment Program, OSHA, etc.) \_\_\_\_\_

### 13. Additional Comments

The inspection of the impoundment included the following items:

- deterioration of cover
- disruption of cap/grade
- soil erosion (leachate)
- obstruction of surface drainage
- burrowing animals
- condition of monitoring wells
- danger signs, fences, gates

No problems were noted during the inspection.

According to Mr. Denthe the fence and gates are inspected monthly by security personnel. The impoundment area is inspected quarterly by a consultant.

PREINSPECTION FILES AUDIT  
CHECKLIST

DATE: 9/21/87

BY: J. Blankenberger

COMPANY: Ameland Corp.

LOCATION: 13240 McKinnoley Hwy, Moshawaka

I.D.#: IND 19810911515

TYPE: ---G---T---TSD---UI (CIRCLE) (2)

A. GENERAL

	<u>YES</u>	<u>NO</u>	<u>NA</u>
1. FEDERAL NOTIFICATION ON FILE?	<u>✓</u>	—	—
2. FEDERAL PART A ON FILE?	<u>✓</u>	—	—
3. CLOSURE PLAN REVIEWED?	<u>✓</u>	—	—
4. CONTINGENCY PLAN REVIEWED?	—	<u>NA</u>	—
6. ANNUAL REPORT REVIEWED?	—	<u>NA</u>	—

B. NOTIFICATION DATA

1. Waste codes listed:

FOUG

C. WASTE APPROVAL INFORMATION:

1. List waste amounts and landfill approved

FO

D. FEDERAL PART A: STATE PART A (Handling Codes)

( Resolve Differences During Inspection/Visit)

	<u>FEDERAL</u>			<u>STATE</u>		
	CODE	AMT	UNIT	CODE	AMT	UNIT
1	D83	2000000	gal.			
2						
3						
4						
5						

E. CLOSURE/POST-CLOSURE(check against fed/state part A)

1 ANY CLOSED UNITS Y/N; If yes, describe:

Landfill closure approved 9/29/86

F. COMPLIANCE HISTORY

1 Date of last two(2) inspections: 86, 8, 26 85, 9, 13  
post closure pre-closure

2 List all past enforcement actions(CO, NOV, LOW, BY TYPE & DATE)

3 List unresolved enforcement actions/violations:  
(If none, so state; Check past inspection sheets!!!!!!)



- 4 List any compliance schedules items not as yet completed:  
(include due dates)

G. COMMENTS

NOTE: IDENTIFY COMMENTS BY SPECIFIC AREA (i.e. closure, compliance). These will be the things to look for during the inspection visit.